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[Com]munity Street Outreach Guide

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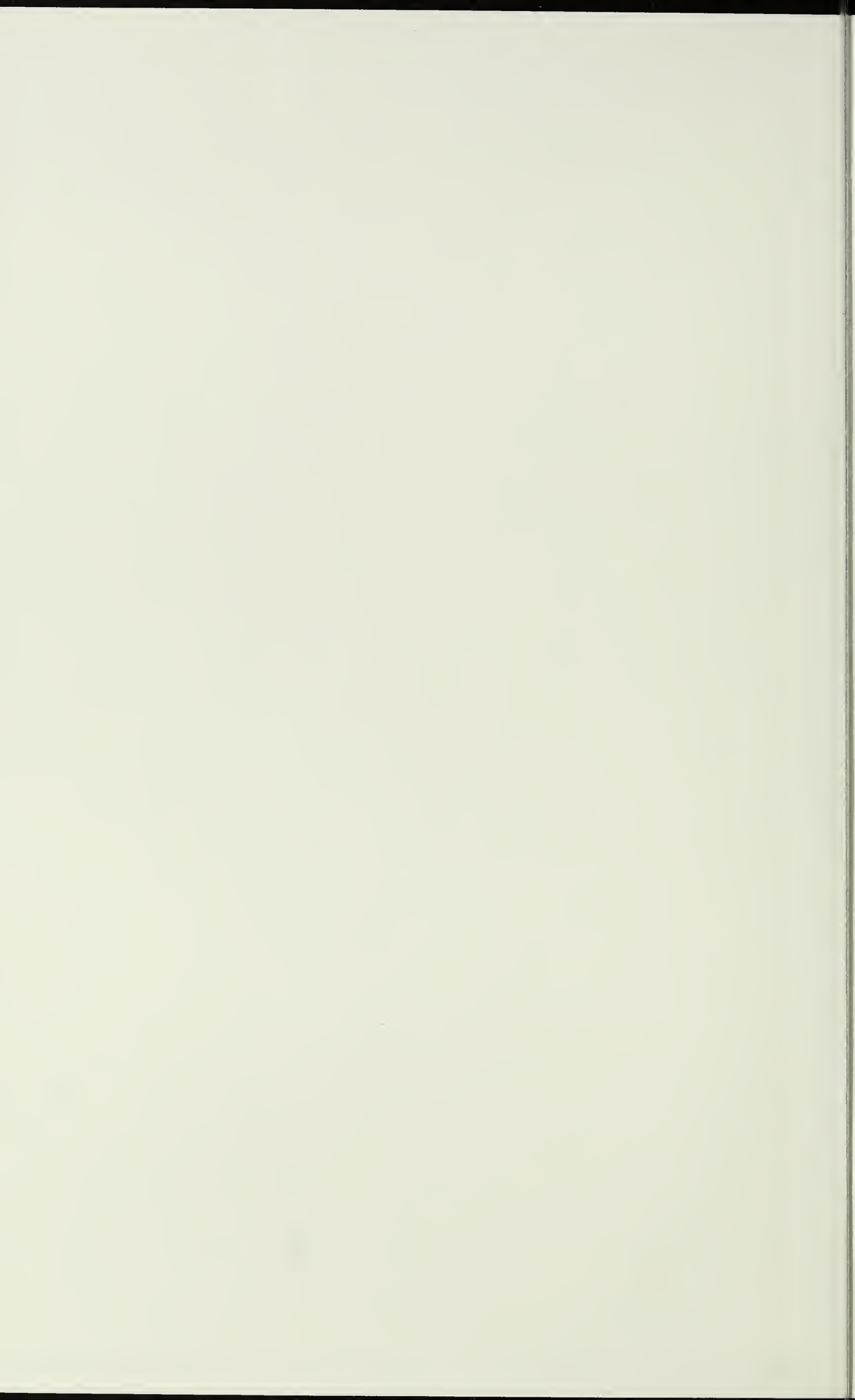
AIDS Outreach Committee
Boston

- 913/97



Dedicated To

Street Outreach Educators
and Volunteers

Publication No. 16,647-63-1000-4-91-C.R.
Approved by Ric Murphy, State Purchasing Agent

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Foreword

In 1988, individuals from several agencies in the Boston area formed the AIDS Outreach Committee (AOC). These outreach educators formed a coalition to strengthen the efforts of their own agencies and to increase the level of inter-agency cooperation. Members of the AOC wanted to translate their collective outreach experiences into a guide for new outreach educators. The following guide represents this collaborative effort.

Many of the contributors to the guide are former substance users. As outreach educators, they are a testament of hope and recovery to others who battle addiction and HIV disease.

Our thanks go to all the contributing writers: Marc Bell (Project Trust), Charles "Poncho" Brown (Upham's Corner Health Center), Craig Campbell (Project Trust), Jerry Cheney (Health Awareness Services of Central Massachusetts), Suzanne Gunston (Life Lines AIDS Prevention Project), Susan King (W.A.R. Project, Women, Inc.), Maurice Melchiono (Children's Hospital AIDS Program), Pedro Munoz (Action For Boston Community Development), and Vikki Segovia (Multicultural AIDS

Coalition). We also acknowledge the work of the outreach guide planning committee under the leadership of Gilbert E. White, Jr. (Massachusetts Department of Public Health), including Carlos Agosto (Project Trust), and Frank Poindexter (F.I.R.S.T.). Talia Pierluissi, consultant to the Massachusetts Department of Public Health, edited the guide.

Introduction

Community street outreach is an important part of HIV disease prevention. The outreach educator goes directly into the community to promote preventative behavior and provide information. As an outreach educator you will have to face many difficult issues, including dealing with sexual functioning and orientation, having to face death and dying issues, and confronting substance abuse. Your experience and good judgement will be important in the day-to-day work of outreach education. The following guide should be used as a starting point for more in-depth training in community outreach.

Given the on-going research in HIV disease and various information about the disease that can inform or mislead, continuing education and training programs are essential for outreach educators. Outreach educators must possess the most up-to-date information to pass along to the community. Agencies and organizations should make continuing education a priority for their outreach educators and encourage educators to take advantage of training opportunities.

General Guidelines for Outreach Educators

I. Approaching Your Target Population

Before working with any target population, find out as much as you can about this group. Part of the job will entail building rapport with the population you are trying to help in order to gain trust and increase the effectiveness of your prevention message.

* Show that you are a good listener - If you are not comfortable with what is being said, it will be evident to the other person.
* Communicate clearly and avoid overly technical language. Do not assume that people understand AIDS or other medical terminology.
* Share common experiences to build rapport. Don't be afraid to let your feelings show.
* Respect the values of the population even when they are not your own. You must become comfortable talking non-judgementally about subjects such as sexual practises, sexually transmitted infections, and sub-

stance use.

* Accept that some people will continue to use drugs and/or deny that they are at risk for HIV disease. You can still help by supporting behavior that will decrease high risk behavior.

Significant segments of the population may participate in activities that are illegal. You may see or know of activities that you consider immoral. It is important to shelve your feelings in order to communicate your message. The job of an outreach educator is to educate and ultimately stop the spread of HIV disease. An outreach educator must never display a judgemental, condemning or condescending attitude.

Many times a person will not be receptive to hearing what you have to say. Never badger anyone with information. It could be that the person is not yet willing to accept the reality of HIV disease. You may find that as you establish a consistent presence in the area that people will express more openness toward you. Although building rapport can take time, the ultimate benefit will be greater acceptance of your prevention message.1

CULTURAL DIVERSITY: SPECIAL CONSIDERATIONS

Cultural knowledge of the population is crucial from the very beginning to gain rapport and build trust. Cultural factors influence attitudes toward life threatening illness such as HIV disease. Feelings toward substance use, sexuality and dependency will also be affected by cultural background and can be expressed in widely varying ways. Try to be sensitive to cultural differences and find out as much as you can about the cultural background of your target population before you meet them face to face.

In some cases, outreach educators who do not share the cultural or ethnic background of a given community will encounter resistance and/or suspicion. By including educators who share the background of the target community the outreach team will increase the effectiveness of their efforts. In communities where language differences exist, the outreach team must include individuals who can speak the language of the target community.

II. General Guidelines For Conduct On The Street

Outreach educators have a highly visible task in the areas where they work. Their conduct can reflect on their entire organization and influence acceptance or resistance by the community, police, government officials and the general public. Thus the outreach educator must be a role model in his or her conduct on the street. The following information applies to outreach educators in all settings. For information regarding conduct in specific outreach environments, check the appropriate section later in this guide.

A) Identification

* Display your agency identification card at all times on the street. You are a trained educator working on behalf of an organization and it is important for residents, police, etc. to recognize you in this capacity. Residents usually respond more favorably to outreach educators when an agency ID is visible.

* An outreach educator should state the following information when approaching someone on the street: His

or her name, job title, and the name of the project/organization (Example: My name is Sue Smith and I'm the outreach coordinator at the Department of Public Health); The goal of the project (Example: Project Trust provides HIV disease information and testing); and the prevention message ("Learning the facts about HIV disease can save your life and the lives of people you care about").

* Among many target populations, outreach educators have found greater acceptance by not using "AIDS" in the title of their program. For example, in Worcester, an outreach group is called "The Rubber Team".

B) Dress

It is important to dress inconspicuously according to where you will do outreach. Avoid wearing jewelry. Visit the location prior to working so you can see how the target population dresses so you can blend in as much as possible.

C) Giving Information

Let others know the limits of your role as an educator. People may ask questions regarding HIV disease symp-

toms and other topics that you are not qualified to answer. You can tell them that you are not a medical professional but a trained AIDS educator who can teach people how to protect themselves from becoming infected and how to avoid infecting others.

Check information for people if you are unsure of an answer. You goal is to give accurate information that will promote prevention of HIV disease.

D) Confidentiality

Information concerning the behavior of specific individuals and groups which you learn on the street should never be passed on to anyone outside of your organization. General information which protects the confidentiality of the target community may be shared only after clearance with your organization through appropriate channels. Maintain confidentiality at all times in order to insure the integrity of you program.

E) Media

Television and newspaper people may want to accompany you on the street

to do a story. While this can provide good publicity for your organization, it could also harm your reputation with the target population. Be careful in choosing the people you allow to go on the streets with you and do not permit the use of television cameras. IV drug users and others engaged in illegal activities do not want publicity.

F) Illegal Activities and Unethical Conduct

The following conduct could get you into serious trouble and endanger the viability of your organization:

* Buying or receiving drugs and/or sexual favors from clients

* Buying or carrying weapons while doing outreach

* Giving money directly to a client

* Participating in any kind of illegal activities while doing outreach

* Using drugs or alcohol on the job

* Buying or receiving property of any value from clients

* Promising services to clients that you can not deliver, ie. promising that someone will be able to enroll in a treatment program. If you promise services that clients will be unable to obtain, you will diminish the integrity and effectiveness of the outreach effort and damage the reputation of your agency.

* Distributing and/or carrying syringes is currently illegal in Massachusetts.

G) Safety

* Keep your supervisor/co-workers advised of your whereabouts.

* Maintain relations with police. If you are in an area where police are working, introduce yourself and tell the police what you are doing.

* Avoid confrontations. Some people may not agree with what you have to say. Know when to walk away from a potentially dangerous situation, ie. when the conversation becomes too heated. You know the facts about HIV disease. You can try to communicate these facts and clarify the things that people hear about HIV disease on the streets.

* Do not approach individuals who are engaged in a drug transaction or in the process of using drugs. If the person is about to deal or shoot up he will not be interested in what you have to say. This could also become a dangerous situation for you.

* Use discretion when approaching couples who appear to be having an intimate conversation. They may be unwilling to listen to you and resent your intrusion. Simply say "Excuse me" as you approach and decide if you should continue.

* Do not enter "shooting galleries", "crack houses", or "laboratories".

* Use discretion in allowing clients to ride in your car. This could pose a risk to you if the person is carrying illegal substances.

III. The Outreach Message: Making an Impact

The risk reduction message is one of the most important tools that the outreach educator has to stop the spread of HIV disease. Prevention messages are more effective when combined with literature, condoms, and

bleach*. People often throw away literature they receive on the street. Even if they read it, it takes a further step to change behavior. By distributing condoms and bleach bottles* along with literature, outreach educators help people take an active role in preventing the disease.

The basis prevention messages are straightforward:

DO NOT SHARE NEEDLES (or any other "works" such as cookers, syringes, cotton, or water) **FOR DRUGS, TATOOS, OR EAR-PIERCING**

USE A CONDOM EVERY TIME YOU HAVE SEX

Your role as an outreach educator goes beyond simply stating these messages. You provide the tools that can change behavior and promote an action oriented attitude toward HIV disease prevention. It is the outreach educator's one-to-one contact over a long period of time that has the greatest impact on changing behavior. A relationship develops over time as you visit an area repeatedly and reinforce the orginal prevention message again and again. The following two examples illustrate how your

job as an educator will grow over time:

Example 1: The first time you visit a housing project, you hand out literature regarding injectable drug use and HIV prevention. On a later visit you provide bleach bottles* as needed. On repeated visits you can provide more detailed information on <u>how</u> to disinfect needles/works and you can make referrals to treatment programs as requested.

Example 2: The first time you do street outreach you hand out literature and condoms. During a later visit you have an informal discussion with a group of men/women about condoms and HIV prevention. You also provide more detailed information on proper condom use.

Outreach educators should provide the HIV disease information phone number in the area for people who are reluctant to ask a question on the street. You should also know about community agencies that provide services and treatment programs in you area.

* Bleach is only appropriate for injectable drug users.

IV. Making Referrals

The outreach educator should be prepared to provide information related to drug treatment services, HIV testing and counseling centers, support groups and other services that the target population may require (ie. shelters) that cannot be provided through outreach education. By staying abreast of services in the area and by maintaining an ongoing relationship with some of these agencies, outreach educators will be able to provide phone numbers and addresses of service providers as requested.

If an individual asks for a referral, the outreach educator should determine which agency (or agencies) would best meet the needs of the individual. More often, people will not ask directly and the educator will have to decide if offering a referral is appropriate. A few guidelines to follow in making referrals:

1. Accept the individual's readiness for drug treatment or HIV testing, ie. "Meet people where they are". At the same time you can always encour-

age the individual to move to a new place. When someone denies that a problem exists, it does no good to push or persuade him to seek treatment. You may be seen as badgering and judgemental. You can offer information to help an individual decide that HIV testing is a good idea and you can address an individual's questions and concerns.

2. When making a referral, decide if a certain organization may be more helpful given the person's cultural background and language skills (ie. some organizations serve specific communities and speak the language of the target population). Also try to understand the nature of a substance use problem (ie. injectable drugs, alcohol, other drugs) since there are agencies that treat specific substance dependencies.

V. Taking Care of Yourself

As you help others, remember to take care of yourself. You too are human and have feelings. You may feel anger because AIDS is a fatal disease that you cannot cure. Don't keep these feelings hidden. You will not be able to help others if you get caught up in anger and resentment.

AIDS is a reality that we must all learn to deal with. You are taking an active role in this serious health crisis through your commitment to outreach education.2

Many agencies organize support groups for outreach educators with weekly or bi-weekly meetings. A support group gives people a chance to express their feelings and get input from more experienced educators on handling specific situations.

Finally, try to minimize stress on the job. You can express concern for others, but try not to get caught up in their misery. Monitor your level of involvement with individual cases.

OUTREACH TO SUBSTANCE USERS

I. Injectable Drug Users (IDUs)

A. Goal:

To prevent further HIV infection among Injectable Drug Users (IDUs). To enable HIV infected IDUs to sustain their immune system health as long as possible and to avoid infecting their sexual partners and babies.

The term "injectable drug user" in-

cludes steroids users (intramuscular) as well as intravenous drug users.

B. Before You Begin

Widespread HIV infection of hetero-sexual IDUs has resulted in wide-spread infection of their sexual partners and their babies. Thus this is clearly an important target population for the outreach educator.

When you encounter substance users on the street, it is important to understand the nature of the substance use in order to provide appropriate referrals, literature, and tools (ie. giving bleach to IV drug users and not to others). As in other areas of outreach education, it is important to visit the outreach site prior to working in order to assess the background and norms of the population. If the drug environment includes IDUs, the outreach educator may choose to bring plenty of one ounce bleach bottles as well as condoms and literature.

C. The Method

The prevention message for IDUs is simple:

1) "Stop shooting drugs" 2) "If you must shoot drugs, get your own works and don't share them." 3) "If you must share works, disinfect them with bleach between users." 4) IDUs should always be encouraged to use condoms when engaging in sex.

The first message should be emphasized most. It is desirable that people stop injecting drugs. As you build rapport with the target population, you can make appropriate referrals to treatment programs in the area. However, a large number of IDUs may continue their practices and not seek treatment. The problem with the second message is that works are often scarce, and to obtain sterile equipment and not share it with other IDUs requires money and know-how to purchase them, either legally or illegally. Sometimes there are psychological reasons for sharing. Therefore, it seems that the third message may apply to many IDUs: disinfect between users. [3]

Bleach has been widely accepted as an ideal disinfectant because it is quick, cheap, convenient, effective and safe. The basic method of disinfection calls for: Two complete flushings of needle and syringe (and

the "cooker" as well, if appropriate) with full strength bleach, followed by two rinsings with water. This method should be taught with brochures and through one-to-one contact with outreach educators. Repeated contact with outreach educators can be highly successful in preventing the transmission of HIV among IDUs. **4**

It can be a tough job to convince IDUs to use condoms regularly. However, this is important in order to prevent heterosexual and parent-to-child transmission beyond the infected IDU population. **5**

II. Other Substance Users

A. Outreach to Crack Cocaine Users

Some experts say that crack cocaine is the most addictive drug of all. Like other forms of cocaine, crack is a central nervous system stimulant that reaches the brain within seconds, producing a powerful high that lasts 3-5 minutes. An equally strong feeling of depression follows the high that compels the user to use more crack. Most dependent users keep on using until they run out of money or run out of the drug. Few other drugs pose so many immediate

risks to the user or carry such a high potential for addiction. A crack habit is unmanageable and thus getting off and staying off crack is extremely difficult.

As an outreach educator you should know that working with this population is difficult due to the nature of the habit. Since the crack user's number one priority is obtaining crack, all other issues and concerns (ie. condom use) are often ignored. Learning about crack cocaine use and sharing ideas with other educators will help you be more effective on the street and help you cope with frustrations.

B. Other Substance Use - General 6

It is possible to be both caring and effective in working with substance users as an outreach educator. The following are some suggested guidelines for working successfully with this population:

1) Be willing to listen.
2) Express caring and concern for the individual.
3) Hold the individual responsible for his or her actions.
4) Monitor your own reactions.

5) Do not compromise your own values or expectations.

Using these guidelines can be helpful when approaching the client who denies a problem, attempts to manipulate you, and continues to abuse drugs or alcohol.

Follow the general guidelines outlined at the beginning of the guide when doing outreach with these individuals and make referrals to treatment programs as appropriate.

Dealing with addictive behavior can be frustrating. Even if someone receives condoms and understands the risks involved in unprotected sex, he or she will be less likely to use condoms when drunk or high. Veteran outreach educators report that repeated one-to-one contact with this group can make an impact, especially if a level of trust is reached where the substance user seeks a referral to a treatment program.

COURT BASED OUTREACH

I. Goal:

To provide information, education and referrals regarding HIV disease to

individuals involved in court proceedings.

II. Before You Begin

The court system can present obstacles to outreach education due to its complexity and beaurocratic nature. A prior relationship with a judge or probation officer is almost a prerequisite to gain access to the court system. Every court differs in the degree of HIV disease education provided and individual judges usually have discretion in mandating existing court services.

Be prepared to make a convincing case for your program to many court officials. One agency currently working in the courts held a meeting with the presiding judge and chief probation officer in order to establish an outreach education effort to individuals awaiting trial. A prior relationship with a recovering addict working within the court system can also provide access to the key decision makers. Persistence on your part will be required since the court system tends to resist anything that does not pertain to its usual procedures.

When presenting your agency's pro-

posal to the court, include any past experience that would support your expertise in assisting the criminal justice system, your time commitment and the duration of the program to the court system. It is vital to make clear, from the beginning, that you are not there to monitor crime related behaviors. Do not promise more than you are confident you will deliver.

Once the court system has allowed your agency to do outreach, become familiar with the particular procedures and practices of the court where you will work. Procedures vary from city to city.

Given the nature of the court environment, you will have to make certain difficult decisions vis a vis the target population. Together with your fellow outreach educators, you should establish a code of ethics to be followed by all outreach educators working within the court. This will help maintain consistent behavior when confronted with a potentially difficult situation.

III. The Method

A. Conduct

1. Remember that you are a guest in the judicial system, and it is essential to respect the rules and regulations of a particular court (ie. security checks).

2. Respect the court process. You are an add-on to the court activities and not a priority concern for the court.

3. Dress appropriately for the court environment.

4. Submit periodic written reports to your court contact, in order to encourage continued support and justify your activities.

5. Always use good judgement in providing "services" for individuals in the court system. Your role is to provide education. While it may be acceptable to make a phone call on someone's behalf, it is completely unacceptable to provide money or drugs. Do not allow yourself to be manipulated and follow the code of ethics you have established.

B. Voluntary Method

Outreach education in the court system can be done through one-to-one conversations with people awaiting trial. This is a short term, voluntary method in that the individuals are not required by the court to participate in an HIV disease education program. The outreach educator following this method should pay particular attention to the court process making sure that he/she does not interfere with the work of court officials.

C. Court Stipulated Method

When the court mandates an individual's participation in an HIV disease education program, the outreach educator may attend the sentencing and arrange for the individual to attend a scheduled presentation at his/her organization. HIV disease sessions are usually held on a weekly basis to the community and the status of the court stipulated attendees is kept confidential by the outreach educators. People who are compelled to attend a presentation as part of their sentence may demonstrate a lack of interest and/or resistance to the

presentation. However, an effective presentation can often gain attention and change attitudes One court based outreach educator tells about an adolescent who attended a presentation by court stipulation but returned voluntarily the following week with a group of his friends.

Outreach educators may be able to promote the use of mandated HIV disease education as part of sentencing to courts where such programs are not currently mandated. In order to influence the existing court procedure, an outreach team will have to build its credibility with court officials over a period of time by providing a service perceived as valuable by the court system.

For specific information on structuring presentations contact the agency listed below:

Project Trust, Boston, MA.

OUTREACH TO CORRECTIONAL INSTITUTIONS

Due to the wide variety of correctional institutions (minimum security, maximum security, pre-release centers, juvenile institutions, half-

way houses, etc.), each with its own procedures and target populations, outreach education to these institutions cannot be adequately addressed in this manual. As with the court system (previous section) the correctional institution system can present formidable obstacles to agencies seeking to establish outreach programs for the first time. The agencies listed below have long-standing programs within correctional institutions and can provide detailed information on specific types of insititutions and the procedures required to access them.

For information contact:
Project Trust, Boston
AIDS Project, Worcester
Multicultural AIDS Coalition, Boston
Behavior Reinforcement Project, in conjunction with the Massachusetts Department of Public Health.

HOMELESS SHELTER\SOUP KITCHEN OUTREACH

I. Goal: To reach the homeless population with risk reduction information and materials.

For many reasons, the segments of the homeless population are vulnerable to

infection from HIV. However, many homeless men and women may be living in shelters which may not have the resources to provide prevention education to their guests.

The outreach educator has the potential to bring a wealth of experience and expertise to the shelter setting. Very often, homeless shelter guests may see the outreach educator as non-threatening and may look to the outreach educator as someone who can be trusted to speak directly to his/her concerns.

II. Before You Begin

Call the shelter Director or AIDS Coordinator. Set up an appointment to meet with the contact person, so that you will know what the expectations of the shelter will be. You should obtain the following information prior to beginning work at the shelter.

A. How large is the shelter?

B. How may guests will be at the shelter at the time of your visit? What is the ethnic/racial composition of the guests at the shelter?

C. If the shelter is a family shelter, will the group be in a structured setting, or will the group be informal discussion? Will child care be available during your presentation or will small children be in the room?

D. If the shelter is for single adults, will some of the guests be impaired by drugs or alcohol? Will a group be possible in this setting, or would informal one-to-one education be more appropriate?

E. Does the shelter policy allow for distribution of condoms and bleach? Are there religious barriers at the shelter which preclude the distribution of condoms?

III. The Method

Having answered the above questions, you will be able to plan an approach to HIV disease education for the shelter which will be compatible with your individual style and the expectations of the shelter. Visits should be planned on a consistent weekly or monthly basis, if possible.

Working in the homeless shelters may be difficult at times, due to the nature and structure of the shelter setting. Be aware that events which are beyond the control of staff and administration may interfere with your ability to do your work. Lack of adequate staffing, disruptive guests, or an unforeseen crisis may be unpredictable and will require your patience.

It is important for the outreach educator to be aware that traditionally, the shelter has identified its role as limited to providing emergency shelter to homeless individuals. In response to the HIV/AIDS epidemic and other issues, shelter staff are beginning to redefine the responsibility of the shelter to include health and HIV disease prevention education efforts. Your role as an HIV disease educator may be important to the shelter and your expertise and consistency will be appreciated by receptive shelters.

For more information see: Outreach to SUBSTANCE USERS

Contact: Life Lines AIDS Prevention Project

BATTERED WOMEN SHELTER OUTREACH

I. Goal: To provide HIV disease education to residents of shelters for battered and abused women and their adolescent daughters.**

II. Before You Begin

Certain obstacles exist in doing outreach education to this population. Most battered women's shelters are confidential sites. Unless you already know the shelter system and the location of the site you may not be able to go in. Prior knowledge of the shelter or a contact among the shelter staff will be required to reach this population. You will have to do outreach alone in these shelters unless you know another educator who has knowledge of the site. Some shelters are not confidential sites and thus will be more willing to accept an outsider for HIV disease education.

Be aware that shelters have different policies toward admitting HIV positive residents. Some shelters believe that the HIV positive resident can pose a threat to the other resi-

dents. Other shelters do not request this information from residents. Shelters also have various existing HIV disease education services to residents. Some employ visiting nurses to do presentations and these shelters may consider your additional expertise unnecessary.

III. The Method

Know the population you are working with. Be aware that some of these women may have been sexually/physically/mentally abused as children as well as by their sexual partners. Their daughters may also have been abused in these ways.

Before you begin the presentation, state clearly what will be discussed and give residents the option to leave the room, space out, or not participate in the workshop. Sometimes speaking informally to residents on a one-on-one basis will be more effective than a presentation. You will have to judge this by your own experience with the residents.

In addition to workshops/presentations, you may be asked to provide support groups, counseling and other resources for residents.

For additional information contact: Vikki Segovia, Multicultural AIDS Coalition.

** Most shelters do not permit adolescent males to stay at the shelters with their mothers.

HOUSING DEVELOPMENT OUTREACH

I. Goal:

To prevent HIV transmission among housing development residents as well as people who do not live in the developments but interact with residents. To educate residents, youth workers, community organizers, Teneant Task Force, housing management and other social service providers about HIV disease.

II. Before You Begin

A. Establish an open line of communication regarding program and purpose with housing development management, Tenant Task Force, community organizers, youth workers, day care providers, and After School programs. This

can be accomplished through letters, phone calls and/or direct contact. The purpose of this work before hand is to gain the involvement and support of these groups that can provide valuable access to the target population.

B. Visit each site to

1) Meet with Task Force and establish rapport.
2) Gain access to Tenant Task Force's monthly meetings with residents.
3) Evaluate the cultural environment and values of the community.
4) Become familiar with community norms.
5) Meet with other influential community leaders and organizations.

Once communication and rapport is established, discuss the best time for presentations and explain that community outreach is done by information sharing (by the outreach educator and through literature) and distribution of condoms and bleach bottles (depending on the drug environment). It is important as an outsider, that residents become familiar with you and develop a level of trust

with all components of the outreach function.

The Housing Development outreach educator should always be courteous, alert, and assertive. Remember: Personal biases are of no value when your mission is HIV prevention, AIDS education and the saving of lives.

The following are good areas to approach people as you do outreach education:

Court Yards
Parks
Bus Stops
Bars, liquor stores, food marts surrounding housing developments

III. Methods of Housing Development Outreach

A. Surface Method

The educator passes out condoms, literature, and talks about HIV disease prevention and education.

B. In-depth Method

Conducting structured programs within the development through presentations, workshops and trainings. Cur-

ricula can be developed on topics dealing with self-esteem, drug prevention, decision making, values, violence, STDs, teen pregnancy, family planning and general health issues.

For Additional Information Contact: Action For Boston Community Development

NIGHT OUTREACH

I. Goal:

To prevent further HIV disease among sex workers and their sex partners by providing information, prevention tools, and referrals.

II. Before You Begin

The cooperation of police will diminish their interference in your outreach efforts (ie. condom and bleach distribution). Letters should be sent to the police headquarters stating your project's goals and methods and followed by phone calls to the chief-in-command. Also, identify yourself and your project to police patrolling the area where you do outreach.

Locate areas where sex workers are most likely to be found. Suggested areas include fast food restaurants, straight and gay bars, known pick-up spots, centrally located bus stations and train depots. Due to crack/cocaine use, sex workers may choose specific local neighborhoods rather than the downtown zone.

III. The Method

A. Initially the target group will be very suspicious. In order to build rapport you will have to show a consistent presence in the target neighborhoods. Your contact with one individual will influence your ability to attract others.

B. Safety: Work in pairs, always keeping each other within sight. Use judgement in entering areas that are not well lit. Posture should be non-threatening. Keep an easy stride, with arms loosely at your sides. Keep an eye on your surroundings and listen to your gut feeling. Always carry your agency I.D.

C. Do not interfere with the sex worker's activities. Police presence must be monitored, as the potential to "blow" a sex worker's activities

to the police is possible, and clearly not the intent of the outreach educator. Remain as inconspicuous as possible (dress appropriately) and carry as little as possible.

D. Make contact with local clubs in order to supply them with tools (condoms/bleach), and let sex workers know where they can procure supplies if you are not out on a particular night.

E. Try to work with individuals on a one-to-one basis. Avoid distributing condoms to groups of three or more. Be aware that both pimps and sex workers will often sell the condoms you have distributed.

F. Include males standing around since one of these males may be the sex partner or pimp of the woman you are attempting to educate. If he does not know who you are or what you are doing he may become resentful and tell his woman not to engage in conversations with you. Acknowledge others standing around including the "tricks".

G. Information that is important to have available, in addition to con-

doms and bleach, include detox numbers and referrals, medical and holistic treatment programs, counseling services, and your own business card (refer to section on making referrals at the beginning of the guide for more information).

For more information see: <u>Outreach to SUBSTANCE USERS</u>

Contact: Project Trust
W.A.R. Project, Women, Inc.

OUTREACH TO THE SEXUAL MINORITY STREET POPULATION

I. Goal:

Outreach to the sexual minority (lesbian, gay, bisexual and transperson) street population is designed to provide life saving information, materials and referrals to individuals seeking sexual activity with member of their own sex and/or engaged in needle sharing activities.

II. Before You Begin

Before beginning an outreach effort that targets lesbians, gays, bisexuals, and transpersons it is important to know some of the problems they

face.

The common barriers faced by all sexual minorities are homophobia, (the irrational fear and hatred of individuals with same sex sexual orientation) and heterosexism, (the assumption that everyone is heterosexual). The homophobic and heterosexist messages that sexual minorities receive impact negatively on their self esteem. Sexual minorities with low self esteem often turn to the street for acceptance. Street outreach efforts must include messages that stress the individual's inherent value and self worth in addition to the risk reduction message and the tools to prevent HIV disease.

In order to do street outreach to sexual minorities, the educator must be able to identify the risk factors associated with specific sexual minorities and the places to find the sexual minority street population.

III. The Method

A. Lesbians and Bisexual Women

A misleading assumption regarding lesbians and bisexual women is that they are at minimal risk of becoming

HIV infected. First of all, some evidence exists that vaginal-oral sex can lead to infection, and bisexual women have the same risks as heterosexual women when having sex with men. Second, lesbians and bisexual women are 30% more likely to be substance users than heterosexual women. In addition, the pressure to fit in often leads lesbians who are unsure of their orientation to have vaginal or anal intercourse with a man to "prove" to themselves and others that they are "not really lesbian". Lesbians and bisexual women will often be reached by outreach efforts targeting women and IDU's in general. Thus all outreach educators need to be sensitive to the concerns of lesbians and bisexual women to provide appropriate information and referrals.

For more information see: Outreach to Substance Users, and Outreach to Battered Women's Shelters.

B. Transpersons

These individuals also receive many negative messages about themselves. Transpersons fall into two general groups:

1. Individuals who dress in the clothing of the opposite gender but choose to retain their biological gender identification. These individuals are referred to as cross-dressers or transvestites.

2. Individuals who not only dress in the clothing of the opposite gender but consider themselves to be the opposite gender. These individuals often undergo medical treatment to alter their secondary sexual characteristics or have gender reassignment surgery.

Many transpersons become sex workers in order to survive. Transperson sex workers can often be found in the same areas frequented by female sex workers. In some larger cities there may be an area that is frequented mainly by transperson sex workers. Like all the street populations, at-risk transpersons are often involved in substance use, and need a comprehensive outreach education approach that stresses condom use and bleach (for IDUs). Follow general guidelines and methods outlined in Outreach to Substance Users, and Night Outreach.

C. Gay and Bisexual Youth and Men

These individuals are the sexual minority population most often associated with HIV disease risk. In most cities there is at least one area frequented by men and youth who are looking for same-sex interactions. Gay and bisexual youth often turn to the streets for acceptance, to connect with others like themselves, or for survival purposes (See Outreach to High Risk Youth - Not in Structured Programs). Outreach educators can provide alternatives to the street by providing information on lesbian and gay youth groups and other community resources. These referrals will be most successful when youth are new to the street.

In many cases gay and bisexual youth become sex workers or "hustlers" as it is called on the street. Outreach to sex workers can be challenging, but the best approach is to use street language when providing safer sex information and risk reduction tools. Avoid words that are threatening. Many sex workers have not accepted their sexual orientation and many of them do not identify themselves as gay so stress <u>behavior</u> ("when you get it on with a John or another dude..."), not the <u>label.</u> It

might also help to break the ice by using a non-threatening name for your outreach team (the Worcester team is called "The Rubber Team") rather than something with AIDS in the title.

In addition to gay youth and male sex workers there are also older gay and bisexual men who turn to the street. These men may turn to the street because they are unsuccessful at meeting men in other settings or because they prefer the anonymity of the street. Many of the men who are looking for anonymity are "closeted", (hiding their sexual orientation) and are often involved in heterosexual relationships or marriages.

To reach both openly gay and "closeted" men outreach educators should matter-of-factly approach contacts and offer information and materials. The outreach educator is likely to encounter denial and suspicion in all contacts with gay and bisexual youth and men. To counter this, outreach educators should present themselves as "in on what's going on". As your presence in the area becomes consistent over time, word will get out that you are "o.k.". Gay and bisexual men and youth may also be IDUs so the outreach educator may also pro-

vide bleach and treatment referrals.

For additional information contact:
AIDS Project Worcester

OUTREACH TO ADOLESCENTS/YOUTH

I. STREET OUTREACH TO TEENS
School Programs

A. Goal:

To increase knowledge and awareness among teens to such an extent that they can become teachers to other troubled and uninformed youth who have dropped out of school or have fallen out of the mainstream for one reason or another.

B. Before You Begin

Street outreach to teens can be done in areas around schools (not on school grounds), where teens gather (ie. video arcades, fast food restaurants, stores), and on the street. Structured programs for HIV disease education within high schools and middle schools is done more and more by trained personnel working within the school system. Agencies that

wish to do programs within schools must go through Department of Education channels and may encounter certain political obstacles. Each school seems to have a different level of HIV disease education, but the trend has been to provide ongoing programs rather than one-time "AIDS 101" type presentations. Street outreach educators can reach youth who are not in school as well as reinforce messages received by teens in school programs.

C. The Method

While following the general guidelines for street outreach, the following specific guidelines will be useful in working with teens:

* Listen intently to teens' point of view - show respect for their opinions and do not try to impose your own ideas and views.

* Develop trust by respecting confidentiality and not asking personal questions.

* Answer any and all questions if possible. Do not leave anyone with inadequate or incorrect information.

* Talk about ways to make money and succeed by legal means.

* Talk about role models other than rock stars or sports figures (ie. teachers, hair stylists, parents, the 9 to 5ers).

* Try to leave teens with increased knowledge and a higher feeling of self-esteem.

* Do not assume the sexual orientation of teens on the street. By demonstrating a non-judgemental attitude toward sexual preference you will make individuals feel more accepted and more open to your message.

Teens will reject preachy or judgemental messages. Information should be communicated simply and briefly. Treat teens as young adults and do not display a condescending attitude toward them.

If you do not know an answer, say that you do not know but will find out. Never fake it because teens will know. Your goal is to provide accurate information that will help them make sound choices about their own behavior.

The middle and high school population is unique in its diverse ethnic background and its early-in-life mental capacity. A large percentage of this population has not experienced extensive drug usage or sex. Thus your efforts can guide them and make them more aware of their choices in life. You can make a huge impact on how they perceive behavior that they may consider normal, but is actually high risk behavior for HIV disease. With your knowledge and expertise concerning these issues, you can plant a seed of awareness that can be crucial to their way of life and how they protect themselves in the future.

For Additional Information contact:
Upham's Corner Health Center

II. Outreach to High Risk Youth Not in Structured Programs

A. Goal: To promote HIV disease prevention among street youth and other adolescents who are not in structured social programs.

B. Before You Begin:

Street youth are a subpopulation of adolescents who are at especially high risk for HIV disease. Street youth find their social structure and primary support on the street, rather than at home or in school. This group includes runaways, throwaways, incarcerated, homeless or intermittently homeless adolescents, or those engaged in street prostitution or injectable drug use. These high-risk youth are likely to have a history of physical abuse, depression, anxiety, decreased or absent self-esteem, suicide attempts and antisocial behavior.

Adolescents infected with HIV present a vastly different profile than their adult counterparts. For example:

1) more of them are African American and Latino.
2) they are more likely to get the virus through heterosexual contact.
3) since they are at earlier stages of cognitive development, they cope with knowledge of infection differently than adults.
4) their pre-adult status poses unique legal and ethical problems.

Special Considerations:

Runaways and Homeless Youth

Runaways usually come to urban centers from surrounding middle class towns seeking relief from parental neglect or abuse. They tend to be relatively healthy, and resilient in the face of street life. Outreach efforts seem to be most effective when these teens have just arrived or after a major personal crisis (physical injury, death of friend, etc.) occurs in their street life. Homeless youth are usually more desperate cases, both physically and emotionally. Many have left facilities and schools in other states or countries and most of these teens have not received medical or dental care in years. Compared with runaways, homeless youth have spent more time on the street and may have more serious medical problems and distrust of authority.

Before you hit the streets you will have to 1) identify supports within the community so that your group can deal collaboratively with other support resources, and 2) address the other needs that the client may be requesting. These include referrals

for the following:

1) runaway services;
2) medical and dental services;
3) shelter information and availability;
4) job and vocational information;
5) advocacy services;
6) mental health services;
7) detoxification services;
8) legal information;

If the immediate needs of the youth are not met, HIV education will not be effective.

Special Considerations:
Teen Sex Workers

Many street youth sell sex in order to survive and can be found in areas frequented by other adult sex workers. A significant proportion of teen sex workers are sexual minority youth, (gay, bisexuals, lesbians, transvestites) or youth who really are not sure of their orientation. They also include otherwise heterosexual males who sell sex to survive. Condom distribution with instruction on proper use is essential to this population who usually lacks the means to obtain them. Substance use among sex workers and the exchange of

sex for drugs present additional challenges to HIV disease prevention. In working with these teens, remember that most of them come from multi-problem families in which they were the frequent victims of emotional, physical and sexual abuse. Many mask inner feelings of loneliness and low self-worth with a tough facade. Be particularly sensitive to respecting their need for privacy and safety.

C. METHOD:

High risk youth can be found in urban areas, fast food restaurants, bus stations, and downtown areas. The outreach team at Children's Hospital recommends the following guidelines in approaching high-risk youth:

1) Be as concrete and clear as possible.
2) Use words that teens use and understand.
3) TODAY'S behavior is what counts (don't focus on the future).
4) TODAY'S consequences are what count. Help them with today's behavior and consequences.
5) Give them the tools they need. Help them anticipate:
    a. How will you address the trick who wants unprotected anal

intercourse?

b. How do you negotiate?

c. What if he says: "I'll pay you extra?"

6) Know the values of the peer group. Do not forget the power of the peer group.

7) Repeat the message over and over again.

The outreach educator may encounter suspicion and denial among high risk teens. Since these teens perceive that their daily lives are full of major risks, they may resist HIV disease prevention measures and not consider the threat of the infection any more serious than other risks they face every day. Time and care should be taken to establish rapport with them. It is important to establish boundaries at the outset, and to clarify mutual expectations.

The outreach team at Children's Hospital in Boston runs a once-a-week drop-in "rap session" at a local church where food is served during the early evening hours and where kids on the street are able to find some safe refuge, some trustworthy helpers and free condoms and educational services. This drop-in session aims to build trust among the

street youth population and establish a positive presence on the street. Of course an on-going drop-in program requires the resources to maintain services on a consistent, long-term basis. Outreach educators can spread the word about these centers on the street. Centers that offer a free meal will clearly have the greatest appeal.

For Additional information see: Outreach to Substance Users, Night Outreach

For information regarding the program at Children's Hospital, contact: Maurice Melchiono, Children's Hospital AIDS Program.

OUTREACH COALITION BUILDING

Purpose:

* To build coalition/unity among street outreach organizations.
* To increase the effectiveness of individual agencies in reaching their target populations.
* To provide education about subtance use and HIV disease to the community as a team.

It is important to recognize that

each agency has its own specific target population,(ie., pregnant women, sex workers, IDUs, etc.) as well its own work schedule. However, coalition building among agencies can provide several benefits to all involved and further increase the efectiveness of HIV disease prevention.

For example, the AIDS Outreach Committee in Boston meets periodically and does community street outreach as a group to various target areas. Outreach educators have a chance to learn new skills, work with different populations (increased cultural and lifestyle awareness) and obtain new information. In addition, educators increase their knowledge of existing community agencies that can be useful in making referrals in their own target populations. The Committee has worked on joint projects that reached many more people than the agencies could have reached individually. Over time, a coalition of agencies can increase HIV disease prevention effectiveness and provide an additional source of support to its outreach educators.

For additional information, contact Gilbert White, Massachusetts Department of Public Health.

References

I. General Guidelines for Outreach Educators

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II. Outreach to Substance Users

3. Newmeyer, J.A. "The Epidemiology of HIV Among Intravenous Drug Users", Face-To-Face: A Guide to AIDS Counseling, AIDS Health Project, University of California, San Francisco, 1989, pp. 113.

4. Ibid, pp. 114.

5. Ibid, pp. 115.

6. Faltz, B.G. "Strategies for Working with Substance Abusing Clients", Face-to-Face: A Guide to AIDS Counseling, AIDS Health Project, Univer-

sity of California, San Francisco, 1989, pp. 130-131.

III. Housing Project Outreach

Contributed by Pedro Munoz, Community Outreach Worker, Action For Boston Community Development.

IV. Court Based Outreach

Contributed by Craig Campbell, Outreach Worker, Project Trust

V. Night Outreach

Contributed by Marc Bell, Outreach Worker, Project Trust, and Susan King, Outreach Educator, W.A.R. Project, Women, Inc.

VI. Outreach to the Sexual Minority Street Population

Contributed by Jerry Cheney, AIDS Health Educator, Health Awareness Services of Central Massachusetts.

VII. Outreach to Homeless Shelters

Contributed by Suzanne Gunston, Director, Life Lines AIDS Prevention Project.

VIII. Outreach to Battered Women's Shelters.

Contributed by Vikki Segovia, Latino Community Coordinator, Multicultural AIDS Coalition.

IX. Street Outreach to Teens - School Programs

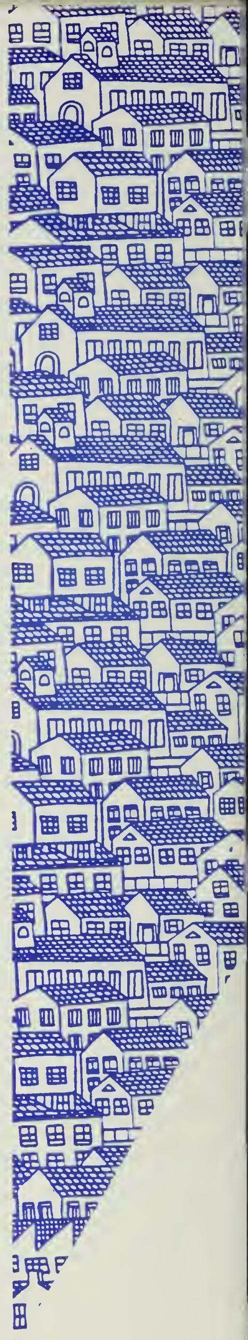
Contributed by Charles Brown, Outreach Worker/HIV Pre and Post Test Counselor, Upham's Corner Health Center

X. Outreach to High Risk Youth - Not in Structured Programs

Contributed by Maurice Melchiono, RN, MS, FNP, Children's Hospital AIDS Program

Organizations Listed in Guide

1. AIDS Project, Wocester
   (508) 756-5532
2. Action For Boston Community Development (A.B.C.D.)
   (617) 357-6000
3. Children's Hospital AIDS Program
   (617) 735-6714 or 735-6832
4. F.I.R.S.T. AIDS Project
   (617) 427-1008
5. Health Awareness Services for Central Massachusetts
   (508) 756-7123
6. Life Lines AIDS Prevention Project
   (617) 524-4709
7. Martha Eliot Health Center
   (617) 522-5300
8. Massachusetts Department of Public Health (Behavior Reinforcement Project)
   (617) 727-0368
9. Multicultural AIDS Coalition
   (617) 536-0390
10. Project Trust
    (617) 534-4495
11. Women, Inc.
    (617) 442-6166
12. Upham's Corner Health Center
    (617) 287-8000



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